

Nursery Pest Mitigation Program Appendix A – Enrollment Form

Nursery/Company: _____

Mailing Address: _____

Shipping Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Compliance Agreement #: _____

I certify that we are a nursery shipping live plants from _____ County under a compliance agreement with the California Department of Food and Agriculture (CDFA) from areas infested with the glassy-winged sharpshooter to non-infested areas.

I agree to provide all required documentation for shipments, including invoices for past and current shipments, and any additional back-up data requested, and understand the Nursery Pest Mitigation Program may be subject to audit.

I certify that the above information provided by me is true and correct.

Name (Please Print)

Title

Signature

Date

Nursery Pest Mitigation Program Appendix B – Shipping Projection Form

Equivalent Unit Values By Size

Number of Units Shipped

Direct Stick	TBD
Cuttings	TBD
4" Color Flats	3.5
6 pack Color Flats	3.5
Liners	.28
4 inch	1.0
Annual Color	1.0
- One Gallon	
One Gallon	1.0
Two Gallon	2.4
Hanging Basket	2.4
Three Gallon	4.5
Five Gallon	4.5
Seven Gallon	15
Ten Gallon	15
15 Gallon	15
16" Box	15
24" Box	47
36" Box	100
48" Box & Larger	150

[illegible]

Total Annual Cost for GWSS Control Measure

Nursery/Company: _____

Mailing Address: _____

Shipping Address:

City: _____ County: _____ Zip: _____

Compliance Agreement #: _____

I certify that the above information provided by me is true and correct.

Name (Please Print)

Title

Signature _____

Date _____

**Nursery Pest Mitigation Program
Appendix C - Invoice**

For the Month of _____

Nursery/Company: _____

Mailing Address: _____

Shipping Address: _____

City: _____ County: _____ Zip: _____

Compliance Agreement #: _____

Shipment Invoice Numbers	Total Equivalent Units For Each Shipment

I certify that the above information provided by me is true and correct.

Name (Please Print) Title:

Signature Date: